



New Cumberland Federal Credit Union
Account Revisions
Joint Owner & Misc. Revisions

Account # _____

Primary Member Information:

Primary Member Name (First - Middle Initial - Last) Social Security Number Date of Birth
I certify that I am a: [] U.S. Citizen [] Permanent Resident Alien [] Non-Permanent Resident
Physical Address City State Zip Code
Mailing Address (if different than Physical Address) City State Zip Code
Home Phone Work Phone Cell Phone Mother's Maiden Name
Employer - Former Employer (If Retired) Occupation (Job Title) - Former Occupation (If Retired)

Driver's License # State Exp. Date Email Address

[] Add Joint Owner(s)

Joint Member Name (First - Middle Initial - Last) Social Security Number Date of Birth
I certify that I am a: [] U.S. Citizen [] Permanent Resident Alien [] Non-Permanent Resident
Physical Address City State Zip Code
Home Phone Work Phone Cell Phone Mother's Maiden Name
Employer - Former Employer (If Retired) Occupation (Job Title) - Former Occupation (If Retired) Relationship to Primary

Driver's License # State Exp. Date Email Address

Joint Member Name (First - Middle Initial - Last) Social Security Number Date of Birth
I certify that I am a: [] U.S. Citizen [] Permanent Resident Alien [] Non-Permanent Resident
Physical Address City State Zip Code
Home Phone Work Phone Cell Phone Mother's Maiden Name
Employer - Former Employer (If Retired) Occupation (Job Title) - Former Occupation (If Retired) Relationship to Primary

Driver's License # State Exp. Date Email Address

X _____ Date
Primary Member Signature

X _____ Date
Joint Member Signature

*One Form of Government photo identification with current address for the Primary member and each Joint owner will be required upon submission of this form

X _____ Date
Joint Member Signature

Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
Certification instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.
Complete W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.
The undersigned hereby applies for membership in New Cumberland Federal Credit Union and if accepted I/we agree to conform to the bylaws and any amendments thereto. I/we have received a copy of the disclosures for the account(s) I/we are opening and agree to the provisions therein and understand other services may be subject to approval. I/we authorize the credit union to verify any information provided on this application, to inquire of my/our references and account relationships, to obtain consumer reports on me/us to share information concerning my/our performance under these account relationships with third parties. I/we authorize any person, association, firm or corporation to furnish on request of this credit union, information concerning my/our affairs. Each party who signs this document authorizes the credit union to accept a facsimile copy of this document and agrees that each party's signature thereon shall have legal force and effect as that party's original signature. Each signer agrees to accept any risk associated with the credit union's acceptance of a facsimile signature.

New Cumberland Federal Credit Union

Account Revisions

Joint Owner & Misc. Revisions

Remove Joint Owner(s)

Before me the subscriber personally appeared _____, to me known, who being duly sworn according to law, doth depose and say: A joint savings account exists at New Cumberland Federal Credit Union with my name included as a joint owner. I now request that my name be deleted from the joint account. By signing this form, I understand that my name will be removed from the account and I will have no rights to the use or have information concerning the account.

Joint Name: _____

Signature: _____ Date: _____

Joint Name: _____

Signature: _____ Date: _____

- **If any joint loans or joint Visa are on the account, the Joint Owner may NOT be removed from the account until the loan(s) and/or Visa are refinanced into an individual name.**
- **An original Death Certificate must be provided before any deceased Joint owner may be removed from any account.**

This section must be notarized unless signed in the presence of a New Cumberland Federal Credit Union employee:
Sworn to and subscribed before me this _____ Day of _____, 20____ / Witnessed in person by New Cumberland Federal Credit Union Employee:

NCFCU Employee Signature and Teller # _____ Date _____

Notary Public Signature _____ Date _____

Notary Seal:

Account must be in good standing before any joint owner(s) on the account can be removed. Original signatures and notarization are required if member(s) are not present – no facsimile will be accepted for changes to joint owners

Miscellaneous Account Revisions

Apply for Checking Account Service *Must pass ChexSystems in order to have this service.

Check One: KASASA® Cash KASASA® Cash Back Traditional Checking

Please list in Share order for Overdraft Protection on your account: _____

If you would like to use another account that you are on for Overdraft Protection, please list Account & Share Order how you want the overdraft order to occur

Account# _____ Share: _____ Account# _____ Share: _____ Account# _____ Share: _____

Shares: **S1** - Primary Savings **S2** - KASASA® Saver (only if have a KASASA® checking) **S3** - Money Market **S8** - Christmas Club **S9** - Vacation Club

Change to Overdraft Protection **Check one:** Add Overdraft Protection Change Overdraft Protection Cancel Overdraft Protection

Please list in Share order for Overdraft Protection on your account: _____

If you would like to use another account that you are on for Overdraft Protection, please list Account & Share Order how you want the overdraft order to occur

Account# _____ Share: _____ Account# _____ Share: _____ Account# _____ Share: _____

Shares: **S1** - Primary Savings **S2** - KASASA® Saver (only if have a KASASA® checking) **S3** - Money Market **S8** - Christmas Club **S9** - Vacation Club

Statements: Paper E-statements (must have for KASASA® checking)

Call in Pin (4 digits): _____ This is required to make any telephone inquiries regarding the account (In-person phone calls and PAM service).

Plastic Card Services – Visa® Debit Card (must pass ChexSystems)

Check cards needed: Primary Member Joint Member #1 Joint Member #2

Existing Account Owner Name Change: *Copy of Marriage Certificate/Divorce Decree, Social Security card or valid Driver's License showing name change is required.

Primary Member **Printed Name (before change):** _____

Joint Owner **Printed (new name):** _____

Signature (new name): _____

*Only requested changes marked on this form will be done, all other information on the account will remain the same.

Teller # _____ Date Teller Received: _____ Processed by: _____ Date Processed: _____

Adding Joint Member: OFAC _____ ChexSystems _____ VISA® Debit card: _____

CU Use Only: Courtesy Pay Form: _____ Checks Ordered (If S4 added): _____